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INFO RUCNASE/ASEAN MEMBER COLLECTIVE
RUEHGG/UN SECURITY COUNCIL COLLECTIVE
RUEHBY/AMEMBASSY CANBERRA 1274
RUEHNE/AMEMBASSY NEW DELHI 4812
RUEHUL/AMEMBASSY SEOUL 8362
RUEHKO/AMEMBASSY TOKYO 5924
RHHMUNA/CDR USPACOM HONOLULU HI
RUEHGV/USMISSION GENEVA 3811
RHEHNSC/NSC WASHDC
RUCNDT/USMISSION USUN NEW YORK 1748
RUEKJCS/SECDEF WASHDC
RUEHBS/USEU BRUSSELS
RUEKJCS/JOINT STAFF WASHDC

C O N F I D E N T I A L SECTION 01 OF 02 RANGOON 000477

SIPDIS

STATE FOR EAP, IO, AND USAID/OFDA; PACOM FOR FPA

E.O. 12958: DECL: 04/20/2017

TAGS: [PGOV](#) [PREL](#) [PHUM](#) [BM](#)

SUBJECT: BURMA: SOUTHERN DELTA VICTIMS STILL NEGLECTED

Classified By: Pol Officer Sean O'Neill for Reasons 1.4 (b) & (d)

SUMMARY

1. (SBU) Summary. An Embassy Rangoon small grantee recently returned from the lower delta reported a lack of any organized relief efforts in much of the area south of Labutta. While the Burma Army was camped nearby, so far soldiers had not provided any significant assistance to cyclone victims since the storm. Our grantee told us dehydration, malnutrition, and psychological trauma were the main health problems they encountered. According to their assessment, clean water is the top priority, and digging wells may be the best way to provide this.

A MISSION OF MERCY

2. (C) The Karen Medical Consortium (the consortium), a group of local medical clinics led by Dr. Vernetta Myint Myint Sann (Dr. Vernetta) and her husband Saw Bla Htoo, recently received an Embassy small grant to conduct a five-day medical relief mission to the Southern Irrawaddy Delta. Dr. Vernetta reported a medical team consisting of eight doctors, seven nurses, and nine staff members traveled by boat to 14 villages southeast of Labutta between May 30 and June 3 (see para 8 for a list of locations visited). The team provided medical care to the villagers, using their rented boat as a floating clinic. Dr. Vernetta provided polio and P/E staff with a briefing of the consortium's mission.

3. (C) Dr. Vernetta and Saw Bla Htoo are ethnic Karen born in Burma. They now reside in Singapore where she practices medicine and he runs a business. Dr. Vernetta returns to Burma several times a year to practice medicine at a private Rangoon clinic. They returned to Singapore on June 11, but intend to continue their relief works in Burma within the month.

LACK OF RELIEF EFFORTS

4. (SBU) The consortium's team members saw no significant, organized relief efforts underway in any of the villages they

visited. While the consortium reported elements of the Burma Army's 66th Light Infantry Division were camped at Theit Pan Kone Gyi, approximately 20 miles southeast of Labutta, so far the military had not engaged in any significant relief efforts in the area. Some local residents told consortium workers that soldiers had provided just one liter of water to each family in the month since the storm and had been sporadically distributing 100 grams of cooking oil per family each week. Other families said they had received nothing.

15. (C) Local residents reported that soldiers camped in Their Pan Kone Gyi had commandeered privately-owned boats from local residents to ferry military supplies to and from Labutta. However, based on the reports of local residents, Dr. Vernette said there was no evidence the supplies being ferried were derived from international donors, but were more likely military-owned supplies. The problem, she said, was that the military was not using these boats to deliver relief supplies to these remote villages, she did not however believe that the military was misdirecting donated relief supplies for their own use.

MEDICAL PROBLEMS

16. (SBU) Relief team members treated numerous residents for dehydration and malnutrition, which they described as a significant problem in the area. Clean water was in very short supply. Residents complained to team members that most of their fresh water sources had been contaminated with salt water or dead bodies since the storm. Food was also in short supply, with most sustenance derived from poor-quality rice

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resulting in protein and vitamin deficiencies. Nonetheless, the relief team observed relatively few cases of severe diarrheal diseases, as compared with dehydration and malnutrition. Team members also reported observing a significant number of people afflicted with "general weakness," which they described to be various degrees of clinical depression and post-traumatic stress. One man they encountered, who had lost his entire family in the cyclone, had been living in a tree hammock since mid May. Despite being severely emaciated, he refused the relief team's pleas to come down for treatment, telling them he had to wait there for his family to return before he could join them.

17. (SBU) Based on their observations, the consortium's leaders believed the most pressing concern in the southern delta was the lack of potable water. Dehydration would kill more people more quickly than anything else, they noted. Delivering bottled water would be a quick short-term fix; they suggested that building rainwater collection systems and digging wells would be the most cost-effective, long-term solution to the problem.

LOCATIONS VISITED

18. (C) The Karen Medical Consortium Team visited the following locations between May 30 and June 3, 2008:

May 30:

- Ayoda Village
- Ahtat Pyone Village

May 31:

- The Kha Lo Hpa To Village
- Pe Taut Kone Village

June 1:

- Ta Lu Hpa To Village
- Theit Pan Kone Gyi Village

June 2:

- Pone Ka Mar Village
- Thin Gan Gone Village
- Hpo Nya Ko Village
- Htan Pin Chaung Village
- Kan Nyi Naung Village
- Ye Twin Kone Village
- Set Su Village
- Be Tut Village

June 3:

- Labutta town
- Pathein

COMMENT

19. (C) Our grantee paints a disturbing picture of a neglected population left to fend for itself in the wake of Cyclone Nargis. The people of the Southern Delta were among the poorest and most vulnerable in Burma before the storm, and were hit hardest by the cyclone. Nonetheless, they appear to have received the least help from the regime since Nargis destroyed their homes and lives. Our grantee was able to provide life-saving treatment to victims in 14 villages with just over \$10,000. The Than Shwe regime has spent many times that on propaganda safeguarding their recent referendum, but not their own people.

VILLAROSA